

2147

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS.

PLACE OF DEATH
 County Maricopa
 District _____
 Town _____
 Or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 377

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 6206

Local Registrar's No. 7430

No. North Central Ave. Glendale
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME John Rhodes,

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White Indian Black Chinese Mexican
 SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH July 4th. 1850
 (Month) (Day) (Year)

AGE 68 yrs. 0 mos. 0 days If less than 1 day, hrs., or min.

OCCUPATION
 (a) Trade, profession or particular kind of work cattleman
 (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Texas

NAME OF FATHER William Rhodes

BIRTHPLACE OF FATHER (State or country) Tennessee

MAIDEN NAME OF MOTHER Douglass

BIRTHPLACE OF MOTHER (State or country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

PLACE OF BURIAL OR REMOVAL Greenwood Cemetery, DATE OF BURIAL OR REMOVAL 1-21-19.

UNDERTAKER J. T. Whitney, ADDRESS Phoenix, Arizona,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19th. 1919
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 11 1919 to Jan 19 1919; that I last saw him alive on Jan 19 1919, and that death occurred on the date stated above at 11:30 A.M. The DISEASE or INJURY causing death was as follows: Acute dilation of heart following Chronic valvular disease.

(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY _____

(Duration) _____ yrs. _____ mos. _____ days

(Signed) John P. Thomas

1-21-19 Phoenix, Arizona.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence Texas

Filed Jan 24 1919 A. B. Nichols Local Registrar

Filed Feb 10 1919 A. B. Nichols County Registrar